

ILLINOIS LABOR RELATIONS BOARD

☐ **STATE PANEL:** One Natural Resources Way, First Floor
Springfield, Illinois 62702-1270
(217) 785-3155 FAX: (217) 785-4146

☐ **LOCAL PANEL:** 160 North LaSalle Street, Suite S-400
Chicago, Illinois 60601-3103
(312) 793-6400 FAX: (312) 793-6989

DO NOT WRITE IN THIS SPACE
CASE NUMBER
DATE FILED

CHARGE AGAINST EMPLOYER

INSTRUCTIONS: In accordance with the Illinois Public Labor Relations Act, 5 ILCS 315 (2010), *as amended*, and the Rules and Regulations of the Illinois Labor Relations Board, 80 Ill. Adm. Code §1200.20 and 1220.20, the following information is required. Submit an original and one (1) copy of this charge to the Illinois Labor Relations Board. If more space is required for any item, attach additional sheet(s), numbering items accordingly. **State Panel cases (e.g., State of Illinois, municipal and county government) must be filed in Springfield; Local Panel cases (e.g., City of Chicago and Cook County government) must be filed in Chicago.**

This agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 5 ILCS 315 (2010), *as amended*. Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed.

**BY STATUTE ONLY CHARGES FILED AND SERVED ON THE PARTIES WITHIN SIX (6) MONTHS
OF THE DATE OF THE EVENT OR CONDUCT WHICH IS THE SUBJECT OF THE CHARGE
WILL BE PROCESSED BY THE ILLINOIS LABOR RELATIONS BOARD.**

1.	NAME OF EMPLOYER/DEPARTMENT (against whom charge is brought)	TELEPHONE NUMBER
		FAX NUMBER
	STREET, CITY, STATE, ZIP	E-MAIL
2.	EMPLOYER REPRESENTATIVE	TELEPHONE NUMBER
		FAX NUMBER
	STREET, CITY, STATE, ZIP	E-MAIL
3.	NAME OF CHARGING PARTY	TELEPHONE NUMBER
		FAX NUMBER
	STREET, CITY, STATE, ZIP	E-MAIL
	JOB TITLE (at time of alleged unfair labor practice)	
4.	CHARGING PARTY REPRESENTATIVE	TELEPHONE NUMBER
		FAX NUMBER
	STREET, CITY, STATE, ZIP	E-MAIL

5.	It is alleged that the above-named employer has engaged in (an) unfair labor practice(s) within the meaning of Section 10(a) subsection () and subsection (1) of the Illinois Public Labor Relations Act.
6.	BASIS OF CHARGE (specify in detail: facts, names, addresses, sites, dates, etc.) (use attachments if necessary)
	Date(s) of alleged wrongful action(s): <div style="height: 60px; border: 1px solid black; margin-top: 5px;"></div>
	Name(s) of individual(s) involved: <div style="height: 60px; border: 1px solid black; margin-top: 5px;"></div>
	Location(s) of alleged wrongful action(s): <div style="height: 60px; border: 1px solid black; margin-top: 5px;"></div>
	Describe what happened: <div style="height: 180px; border: 1px solid black; margin-top: 5px;"></div>
	SUPPORTING DOCUMENTS (please include copies of any documents relevant to your charge) The supporting documents filed with this charge will be considered part of the charge and will be served on the Employer.
7.	RELIEF OR REMEDY SOUGHT BY CHARGING PARTY <div style="height: 100px; border: 1px solid black; margin-top: 5px;"></div>

I have read the above petition and all attachments. The statements contained therein are true to the best of my knowledge and belief.

NAME: _____

BY: _____
Signature of person filing petition

TITLE: _____

DATE: _____
